



How to Become an Active Financial Management Services Provider

FMS Provider Qualifications

FMS Providers must meet Federal and KDADS requirement in order to contract and credential with KanCare MCO. To enroll as an FMS provider for HCBS Programs, each FMS must initially and continually meet the following requirements:

- A current (calendar year) FMS Agreement signed by KDADS Secretary
- Enrolled as Kansas Medicaid Provider with a valid KMAP Number
- Registration and good standing with the Secretary of State's office
- Community Developmental Disability Organization's (CDDO) Affiliate Agreement, if serving participant's on the HCBS-IDD Program
- Proof of Insurance – liability, worker's compensation, unemployment, and others
- Proof of financial solvency
- Required Policies and Procedures Manual for FMS Operations

Federal Employer Identification Number as employer agent in accordance with §3504 of the IRS code, Revenue Procedure 70-6, 1970-1 C.B. 420, as modified by IRS Proposed Notice 2003-70

How to Apply

1. Provider submits current FMS provider agreement and FMS provider application packet to HCBS-ks@kdads.ks.gov including the following:
 - a. Valid KDADS FMS Agreement
 - b. Kansas Medicaid Provider Agreement and valid KMAP Number
 - c. Registration and good standing with the Secretary of State's office, if required
 - d. Community Developmental Disability Organization's (CDDO) Affiliate Agreement, if serving participant's on the HCBS-IDD Program
 - e. Proof of Insurance – liability, worker's compensation, unemployment, and others
 - f. Financial solvency, including accepted GAAP or compliance audit, as required
 - g. Required Policies and Procedures Manual for FMS Operations
 - h. Federal Employer Identification Number as employer agent in accordance with §3504 of the IRS code, Revenue Procedure 70-6, 1970-1 C.B. 420, as modified by IRS Proposed Notice 2003-

How to Apply Cont.

2. KDADS reviews application packet and FMS Provider Agreement
 - a. Discoveries are not made, move to step 3
 - b. Discoveries are made on agreement or content of packet, KDADS will contact the provider and ask to remediate the discoveries
 - c. Provider resubmits the agreement/application packet and move to step 3 (if in compliance – if still not in compliance, repeat b and c)
3. Provider is approved through application process
4. The KDADS Secretary signs the agreement
5. A copy of the executed agreement is sent to the provider
6. The current Active FMS Provider List is updated
 - a. Copy is sent to all MCOs
 - b. When yearly renewal of existing providers occurs, all current providers will be on the list posted to the website



Maintaining FMS/KDADS Agreement

- FMS/ KDADS agreement must be renewed and signed by KDADS Secretary annually
 - A new agreement will be available in October of each calendar year.
 - A new agreement must be signed by December 15th of each year in order to be effective January 1st of the following year.
 - A provider must demonstrate ongoing compliance with the terms of the agreement in order to reestablish agreement annually.

Provider Termination

- Providers involuntarily or voluntarily terminated anytime during the calendar year is subject to financial and program integrity review by KDADS staff.
- Providers who have been confirmed for ANE or Medicaid fraud and abuse are not eligible to provide Medicaid funded services.



FMS Readiness Review

- Effective in 2015
 - Kansas transition from FMS-AWC to F/EA
 - New policy manual implemented
- To assure compliance with FMS agreement
 - Readiness review will be conducted beginning with 8/1/15 on established FMS providers
 - Review will consist of a combination of desk and onsite review

FMS Readiness Review Process

- KDADS contact provider with notice of intent to schedule readiness review
- KDADS provides checklist of required documents to be reviewed
- Provider upload requested documents along with checklist by requested date
- KDADS conduct desk review and schedule onsite visit

Notice of Findings

- During the exit interview following the desk and onsite review, the provider will be informed of finding(s):
 - In person, at site visit
 - Written findings
- Onsite remediation opportunities
 - Findings that can be easily remedied during the onsite exit interview



FMS Compliance Rating

- Compliant
 - Fully compliant with the terms of the agreement
- Partial Compliant
 - Compliant with remediation
- Not Compliant
 - Compliant with some and not all of the terms of the agreement
 - Corrective action necessary



Remediation and Corrective Action Plan

- Remediation
 - Additional information/action necessary to remediate a finding and was not remedied during the onsite “exit interview”.
- Corrective Action
 - Additional policy, procedure or process necessary in order to ensure compliance with the terms of the FMS/KDADS agreement.



IVR AuthentiCare Requirement

- Direct service providers of KDADS HCBS (KDADS-HCBS) (FE, I/DD, PD, TBI, TA) and MFP (FE, I/DD, PD and TBI) are required to utilize the IVR system to document time worked and activities relating to service delivery. The utilization of the IVR is necessary to meet documentation requirements in order to support claims submitted for reimbursement of services rendered.
- In the event every attempt to utilize the IVR was unsuccessful and all documented training efforts have been exhausted, the employing agency may submit a formal request via for an “exception to the required use of the IVR system” via the Request for Exception to use of KS AuthentiCare-IVR form located at the following location:

http://www.aging.ks.gov/Forms/Other_KDADS_Forms/2014_09_03_Guidelines_For_IVR_Request.pdf

Resources

Provider Manual:

Participant-Directed Services and Supports:
Financial Management Services Manual

http://www.aging.ks.gov/HCBSProvider/Documents/2015_04_10_6-5_FMS_Manual.pdf

For questions relating to FMS Manual or
Onsite Readiness Review:

Hcbs-ks@kdads.ks.gov